BUSINESS REPORT

MONTANA HOUSE OF REPRESENTATIVES 61st LEGISLATURE - REGULAR SESSION

HOUSE HUMAN SERVICES COMMITTEE

Date: Friday, F	ebruary 20, 2009				Time:		pm
BILLS and RESOL Prefix (HB, HR, HJR,	UTIONS HEARD: SB, SR, or SJR) and num	mber. A	Add Postp	ooned (l	PP) whe	en appro	opriate:
<u>HB 578</u>							
HB 616	<u>HJ 29</u>						
HJ 25							
	N TAKEN: SB, SR, or SJR) and numerical and surred in BCAA (be concentred)		-	, ,	ailed) D	PAA (do pass as
4B 292 Tie	HB 454 Tabled	HB	549	Tie	HZ	25	· P
4B 530 P	HB516 Tabled	HB	399	P			<u>,, , , , , , , , , , , , , , , , , , ,</u>
HB578 P	HB 616 Tabled	HB	453	DPAA			
HJ29 P	HB409DAA	HB	596	Tie			
COMMENTS:							
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			REP. A	rrene	s Reci	cer, (Chairmar

DATE: 2/20/09

NAME	PRESENT	ABSENT/ EXCUSED
Rep. Mary Caferro	X	
Rep. Pat Ingraham	1	
Rep. Bill Beck	Ŷ.	
Rep. Julie French	7	
Rep. Timothy Furey	X	
Rep. David Howard	莪	×
Rep. Chuck Hunter	1	
Rep. Dave McAlpin	7	
Rep. Michael More	X	
Rep. Pat Noonan	イ	
Rep. Ken Peterson	*	
Rep. Diane Sands	7	
Rep. Cary Smith	X	
Rep. Ron Stoker	メ	
Rep. Jeffery Welborn	*	
Rep. Arlene Becker	*	



February 23, 2009 Page 1 of 1

Mr. Speaker:

We, your committee on **Human Services** recommend that **House Bill 409** (first reading copy – white) **do pass as amended**.

Signed: <u>None Socko</u> Representative Arlene Becker, Chair

And, that such amendments read:

1. Page 1, line 30.

Following: ";"
Strike: "or"

2. Page 2, line 1.

Following: "part 3"

Insert: "; or

(c) is subject to restricted distribution pursuant to 21 CFR 314.520"

3. Page 9, line 26.

Strike: "immunities"

Insert: "immunity"

4. Page 9, line 27.

Strike: "(1)"

5. Page 10, line 1 through line 10.

Strike: subsection (2) through subsection (3) in their entirety

- END -

Committee Vote:

Yes 12, No 4

Fiscal Note Required ___



February 21, 2009 Page 1 of 1

Mr. Speaker:

We, your committee on **Human Services** recommend that **House Bill 453** (first reading copy – white) **do pass as amended**.

Signed:

Representative Arlene Becker, Chair

And, that such amendments read:

1. Page 2, line 20.

Following: "resources"

Insert: "and using existing personnel"

- END -

Committee Vote: Yes 9, No 7 Fiscal Note Required __ HB0453001SC.hjd



February 21, 2009 Page 1 of 1

Mr. Speaker:

We, your committee on **Human Services** recommend that **House Bill 530** (first reading copy – white) **do pass**.

Signed:

Representative Arlene Becker, Chair

- END -

Committee Vote:
Yes 15, No 1
Fiscal Note Required ___

HB0530001SC.hjd



February 21, 2009 Page 1 of 1

Mr. Speaker:

We, your committee on **Human Services** recommend that **House Bill 578** (first reading copy – white) **do pass**.

Signed:

Representative Arlene Becker, Chair

- END -

Committee Vote:
Yes 13, No 3
Fiscal Note Required ___



February 21, 2009 Page 1 of 1

Mr. Speaker:

We, your committee on **Human Services** recommend that **House Bill 399** (first reading copy – white) **do pass**.

Signed: <u>Secker</u> Representative Arlene Becker, Chair

- END -

Committee Vote: Yes 9, No 7 Fiscal Note Required ___



February 21, 2009 Page 1 of 1

Mr. Speaker:

We, your committee on **Human Services** recommend that **House Joint Resolution 29** (first reading copy – white) **do pass**.

Signed: <u>Secker</u> Representative Arlene Becker, Chair

- END -

Committee Vote:
Yes 16, No 0
Fiscal Note Required ___



February 21, 2009 Page 1 of 1

Mr. Speaker:

We, your committee on **Human Services** recommend that **House Joint Resolution 25** (first reading copy – white) **do pass**.

- END -

Committee Vote:
Yes 13, No 3
Fiscal Note Required ___

HJ0025001SC.hjd

COMMITTEE FILE COPY

TABLED BILL

The **HOUSE HUMAN SERVICES COMMITTEE** TABLED **HB 454**, **HB 516**, **HB 616**, by motion, on **Friday, February 20**, **2009**.

(For the Committee)

Chief Clerk of the House)

(Time)

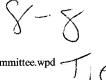
(Date)

February 20, 2009

Santella Baglivo, Secretary

Phone: 4457

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Rep. Diane Sands	1		
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Rep. Jeffery Welborn		1	
Rep. Arlene Becker			
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Rep. Ron Stoker		/	
Rep. Jeffery Welborn		/	
Rep. Arlene Becker	/		

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Rep. Pat Noonan	/		
Rep. Ken Peterson		1	
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Rep. Arlene Becker		1	

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Rep. Ken Peterson		/	
Rep. Cary Smith		/	
Rep. Diane Sands	/		
Rep. Ron Stoker		1	
Rep. Jeffery Welborn		/	
Rep. Arlene Becker	·	/	

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Rep. Pat Ingraham	/		
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Rep. Julie French	,		
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Rep. Chuck Hunter	j		
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Rep. Arlene Becker

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Rep. Pat Noonan	/		
Rep. Ken Peterson	/		
Rep. Cary Smith]		
Rep. Diane Sands	!		
Rep. Ron Stoker		/	
Rep. Jeffery Welborn	/		
Rep. Arlene Becker	1		

I request to be excused from	the	·		·	
Committee because of other	commitm	nents.	I desire to leave my proxy vote with:		
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	7	ene	merc		
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HB 299	V						
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HUMAN SERVICES COMMITTEE Date 2/20/2009 Bill No. HB 578 Sponsor(s) Caterro Marcy				
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Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.

HUMAN SERVICES COMMITTEE	Date <u>3130130</u> 09
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Bill No. HB 616 Sponsor(s) Fully, Timothy

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Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.

HUMAN SERVICES O	COMMITTEE	Date <u>313013009</u>
Bill No. <u>HJ 35</u>	Sponsor(s)	

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Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.

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Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.

Strategic Plan(EPHT)—Feb. 2005 for Darker gragam, 2003-2006)

Prioritizing Health and Environmental Concerns

Results of statewide states 11

Results of statewide stakeholders' survey and county assessments, and pilot project outcomes.

Priority Health Effects

- 1. Cancer
- 2. Respiratory/Lung Diseases
- 3. Asthma
- 4. Cardiovascular Disease

Priority Environmental Concerns

- 1. Air Quality—outdoor air pollutants, indoor, 2nd hand smoke, forest fires
- 2. Water—drinking water/groundwater qual., surface water qual., quantity/drought
- 3. Heavy Metal
- 4. Pesticides (including herbicides)
- 5. Growth and Development issues—urbanization, sprawl, cars/air pollut., septic systems (elevated nitrates)

Five Year Vision Statement

"We identify and prevent health conditions that may be caused by people's interaction and exposure to their environment. We bridge the gap between public health and the environment through linked data, education, and collaboration."

Important characteristics of EHTP (EPHT)

- 1. Accessible and flexible---dynamic, responsive, broad cross-section of users, big picture view.
- 2. Sustainable infrastructure---fee for use, gen. fund, state spec.revenue fund, CDC part B funding, COMMITMENT TO SUSTAINING NETWORK.
- 3. Policy---shape public policy, statutes regarding hosp, discharge, public health code in Indian country, primary prevention.
- 4. Outreach and Education---central clearinghouse(information, training, educ., ID stakeholders)
- 5. Environmental Justice/Advocacy---interface, share data easily and readily
- 6. Information Technology—"DofA-w data warehouse or equivalent analytical capacity, geo-referenced, combine disparate data sources into centralized data store that can be analyzed and used for public health tracking, exposure data gaps, integrations of hazard, health and exposure data bases."
- 7. Interface between Users—PREVENTS ANOTHER LIBBY, better connection, integrated electronic health condition registry, informed policy making, complete and valid surveillance health effects, able to ID factors of disease and environmental factors, standardization of coding and diagnosis, compatible ata bases, standardized outputs, valid outputs.

Guiding Principles

Right to info, prevention, collaboration, precise and accurate and standardized data, interpretations using best science, facilitate public policy, precautionary principle *, do no harm.

*Ethical theory that if the consequences of an action, especially concerning the use of technology, are unknown but are judged by some scientists to have a high risk of being negative from an ethical point of view, than it is better not to carry out the action rather than risk the uncertain but possibly very negative consequences."

Budget

Staff---5---manager, environmental health epidemiologist, health ed. specialist, health planning, informatics section-integration developer.(\$170,000)

1---unfunded—health planner

Consultant—train local public health depts..(\$2000)

Contractual Costs---(\$181,000)

NRIS

Build local capacity

County and Tribal Public Health depts..

Dev. Model legislation

Pilot data linkage/state asthma surveillance

MT DEQ—air qual and water data bases, IT, qual. assurance, geo-coding, plan integration of environmental data with public health data (weekly mtgs.)

Other costs---rent, mailings, trainings, etc.(\$18,000)

Supplies (\$1800)

Equipment (\$1000)

Travel (\$17,000)

Indirect costs (\$44,000)

Total: \$381,000 + \$44,000 = \$425,000

MONTANA PUBLIC HEALTH IN ACTION



Public Health Tracking Project **Public Health and Safety Division**

Environmental



Why Environmental Public Health Tracking Is Important

The importance of tracking chronic diseases and determining their relationship to environmental factors was recognized by both the Montana House and Senate through the bipartisan support given to Montana HB 582. This bill, signed into law in March 2001, mandated a feasibility study. The study recommended establishing an Environmental Public Health Tracking System.

- Well-known associations exist between exposure to some environmental hazards such as asbestos, mercury, lead, arsenic and radon, and health effects such as cancer, lung disease, and birth defects.
- There is a gap in our knowledge regarding the interrelationship between disease trends and environmental factors in Montana.
- Environmental Public Health Tracking (EPHT) is a new national initiative. Montana's EPHT program is a collaborative effort between the Department of Public Health and Human Services and the Department of Environmental Quality. The purpose is to determine environmental health priorities and join existing environmental data with health information.
- Chronic diseases, including heart disease, cancer and stroke, are the leading causes of death in Montana and cost Montanans an estimated \$2.8 billion per year.

What Has Been Accomplished

The Centers for Disease Control and Prevention (CDC) awarded Montana a 3-year planning grant for EPHT in September 2002. Since receiving this funding the following planning steps have been accomplished:

- The Environmental Public Health Tracking Advisory Group, consisting of partners across the state, has met quarterly since April 2003, providing input and recommendations.
- Eleven county and tribal public health departments have initiated Environmental Health Assessments to determine their constituents' top environmental health concerns. These assessments were completed in September of 2004.
- Top environmental health concerns of local environmental and health department staff, county commissioners, and environmental advocacy groups have been solicited. The results of this survey are available.
- Inventories of existing environmental and public health databases are underway and will be completed by December 2004.
- A model for an integrated database network system has been designed.
- The University of Montana has examined associations between air quality, respiratory disease, and cardiovascular disease in a 3-county area as a pilot data linking project.

Next Steps

- ⇒ 2005. Develop a strategic plan for joining and improving Montana's health and environmental data. This plan will be written with the assistance of the EPHT Advisory Group so as to include interagency and other stakeholder input.
- ⇒ 2005. Determine gaps in the data that is currently collected. For example, Montana is one of the few states in which the Health Department does not have access to hospital discharge information.
- ⇒ 2004-2005. Conduct other pilot projects to investigate the relationship between health effects and environmental hazards in Montana.
- ⇒ Continue to work collaboratively with other public health programs and environmental agencies to avoid duplication of efforts and enhance existing State systems.
- ⇒ September 2005. Apply for implementation funding from the Centers for Disease Control and Prevention to continue the program.

For more information, contact: